CITY OF LINCOLN NEBRASKA

LINCOLN POLICE DEPARTMENT
575 South 10th Street Lincoln, NE 68508
402-441-7204 fax: 402-441-8492 lincoln.ne.gov

March 17, 2016

Mayor Beutler and City Council
City of Lincoln
City County Building
Lincoln, NE

Mayor Beutler and Members of the City Council:

An investigation has been made regarding the application of Home-Grown Industries of Lincoln, LLC, dba Mellow Mushroom, 601 R Street #110, requesting a class I-116920 liquor license and an accompanying class E-116927 liquor license, due to the premises being located within the Entertainment District.

Home-Grown Industries of Lincoln, LLC has just purchased Mellow Mushroom franchise, which held a class I liquor license. Charles Kevin Bridges is the president and sole corporate member. Home-Grown Industries of Lincoln, LLC is a subsidiary of Home- Grown Industries of America, Inc., which is based in Atlanta, GA.

Brian Hamilton is requesting that he be approved as the manager of the liquor license. Mr. Hamilton has not yet completed the required alcohol management training. He is scheduled to attend on April 14, 2016.

Charles Kevin Bridges self-reported the following traffic convictions:

11-2014	Speeding (GA)	Infraction
11-2012	Speeding (GA)	Infraction
07-2011	Speeding (GA)	Infraction
08-2010	Speeding (GA)	Infraction

Brian Hamilton's driver history is as follows:

08-14-2015	Violate speeding limit 16-20 MPH over	Infraction
10-31-2012	Speeding 21-35 MPH over	Infraction
10-05-2011	Speeding 6-10 MPH over	Infraction
	No operators license	Misdemeanor
06-20-2011	Driving on roadway laned for traffic	Infraction
09-07-2010	Speeding 11-15 MPH over	Infraction
	Operate or park unregistered vehicle	Misdemeanor
10-15-2004	Speeding 11-15 MPH over	Infraction

11-11-2002	Speeding 16-20 MPH over	Infraction
07-27-2000	Speeding 11-15 MPH over	Infraction
05-23-1999	charged with: DUS, 1st offense	
	Amended to: Operate motor vehicle w/o operators license	Infraction
	Violate speeding limit 16-20 MPH over	Infraction
11-01-1999	Violate speeding limit 11-15 MPH over	Infraction
06-10-1998	Violate speeding limit 16-20 MPH over	Infraction
06-10-1998	Violate speeding limit 11-15 MPH over	Infraction
	Occupant protection system	Infraction
01-30-1998	Violate automatic traffic signal	Infraction
06-08-1997	Violate speeding limit 11-15 MPH over	Infraction
02-09-1997	Violate speeding limit 11-15 MPH over	Infraction
07-04-1996	Violate stop sign	Infraction

The application is included for your review.

If this application is approved, it should be with the understanding that it conforms to all the rules and regulations of Lincoln, Lancaster County and the State of Nebraska.

BRIAN JACKSON, Interim Chief of Police

APPLICATION FOR LIQUOR LICENSE CHECKLIST - RETAIL

NEBRASKA LIQUOR CONTROL COMMISSION
301 CENTENNIAL MALL SOUTH
PO BOX 95046
LINCOLN, NE 68509-5046
PHONE: (402) 471-2571
FAX: (402) 471-2814
Website: www.lcc.nebraska.gov

TOP Approved	RECEIVED NEBRASKA LIQUOR CONTROL COMMISSION
Hot List: YES / NO	New/Replacing # 102751
Class Type I	116920 Initial MP

Applicant name Home-Grown Industries of Lincoln, LLC

Trade name Mellow Mushroom

Previous trade name Mellow Mushroom

Contact email address kevin@mellowmushroom.com

Provide all the items requested. Failure to provide any item will cause this application to be returned or placed on hold. All documents must be legible. Any false statement or omission may result in the denial, suspension, cancellation or revocation of your license. If your operation depends on receiving a liquor license, the Nebraska Liquor Control Commission cautions you that if you purchase, remodel, start construction, spend or commit money that you do so at your own risk. Prior to submitting your application review the application carefully to ensure that all sections are complete, and that any omissions or errors have not been made. You may want to check with the city/village or county clerk, where you are making application, to see if any additional requirements must be met before submitting application to the Nebraska Liquor Control Commission.

Contact — Larry Albers
Larry@AlbersBrown.com

Office use only
PAYMENT TYPE CK # 18862
AMOUNT: $400.00
Received: MP

1600004539

Rec # 168698

RECEIVED

Charles Bridges
aff - Heidi Bridges

Bryan Hamilton
Angie Hamilton - aff.

1. X OK Fingerprints are required for each person as defined in new application guide, found on our website under "Licensing Tab" in "Guidelines/Brochures". See Form 147 for further information, this form **MUST** be included with your application.
2. X OK Enclose application fee of $400 (nonrefundable), check made payable to the Nebraska Liquor Control Commission or you may pay online at www.ne.gov/go/NLCCpayport.
3. X OK Enclose the appropriate application forms;
   - Individual License (requires insert form 1)
   - Partnership License (requires insert form 2)
   - Corporate License (requires insert form 3a & 3c)
   - Limited Liability Company (LLC) (requires form 3b & 3c)
4. X OK If building is being leased send a copy of signed lease. Be sure the lease reads in the name of the individual(s), corporation or Limited Liability Company (LLC) making application. Lease term must run through the license year being applied for.
5. n/a If building is owned or being purchased send a copy of the deed or purchase agreement in the name of the applicant.
6. X OK If buying the business of a current liquor license holder:
   a. Provide a copy of the purchase agreement from the seller (must read applicants name)
   b. Provide a copy of alcohol inventory being purchased (must include brand names and container size)
   c. Enclose a list of the assets being purchased (furniture, fixtures and equipment)
7. X If requesting to operate on current liquor license; enclose Temporary Operating Permit (TOP) (form 125).
8. n/a Enclose a list of any inventory or property owned by other parties that are on the premises.
9. X OK For citizenship enclose U.S. birth certificate; U.S. passport or naturalization paper
   a. For residency enclose proof of registered voter in Nebraska
   b. See guideline for further assistance http://www.lcc.nebraska.gov/brochures.html
10. X OK Corporation or Limited Liability Company (LLC) must enclose a copy of articles of incorporation; as filed with the Secretary of State's Office. This document must show barcode.
11. X OK Submit a copy of your business plan.

I acknowledge that this application is not a guarantee that a liquor license will be issued to me, and that the average processing period is 60 days. Furthermore, I understand that all the information is truthful and I accept all responsibility for any false documents.

Charles Bridges
Signature

3/9/16
Date

RECEIVED
MAR 10 2016
NEBRASKA LIQUOR CONTROL COMMISSION

SUBMISSSION OF FINGERPRINTS / PAYMENT OF FEES TO NSP-CID

NEBRASKA LIQUOR CONTROL COMMISSION
301 CENTENNIAL MALL SOUTH
PO BOX 95046
LINCOLN, NE 68509-5046
PHONE: (402) 471-2571
FAX: (402) 471-2814
Website: www.lcc.nebraska.gov

DATE RECEIVED	
Office Use Only	
Class:_____	License #:_____

Applicant Name: Home-Grown Industries of Lincoln, LLC
(Corporation, LLC, Partnership or Individual)

Trade Name: Mellow Mushroom
(Doing Business As)

(404) 505 - 2806 kevin@mellowmushroom.com
Phone Number Contact E-mail Address

DIRECTIONS FOR SUBMITTING FINGERPRINTS AND FEE PAYMENTS:

- See New Application Requirement Guide for listing of Fingerprint Requirements, found on our website under "Licensing" tab in "Brochures".
- Fingerprints taken at NSP locations will be forwarded to NSP – CID;
  Applicant(s) will not have cards to include with license application.
- Fingerprints taken at local law enforcement offices will be released to the applicants;
  Fingerprint cards should be submitted with the application.
- Fee payment of **$28.75 per person** must be made directly to the NSP;
  You may submit the payment through the NSP PayPort online system at www.ne.gov/go/nsp
  or checks made payable to NSP should be mailed directly to the following address:
  The Nebraska State Patrol – CID Division
  3800 NW 12th Street
  Lincoln, NE 68521
- **DO NOT** send fee payments to the NLCC – fees **MUST** be paid directly to NSP;
  Include a list of names covered by your payment to insure proper application of payment.
- This completed form MUST be included with your Liquor License Application and/or Manager Application or Changes to: Corporate Officers or Stockholders, LLC Members, Partners or Addition of Spouse where new fingerprint cards are required (see New Application Requirement Guide).
- Fingerprints are not required for spouses that have no involvement with business - Spousal Affidavit of Non Participation (Form 116) is required in lieu of fingerprints.

Please complete information on the following pages for EACH person fingerprinted.

Print Form

SPOUSAL AFFIDAVIT OF NON PARTICIPATION INSERT

NEBRASKA LIQUOR CONTROL COMMISSION
301 CENTENNIAL MALL SOUTH
PO BOX 95046
LINCOLN, NE 68509-5046
PHONE: (402) 471-2571
FAX: (402) 471-2814
Website: www.lcc.ne.gov

Office Use

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MAR - 8 2016
NEBRASKA LIQUOR CONTROL COMMISSION

I acknowledge that I am the spouse of a liquor license holder. My signature below confirms that I will have not have any interest, directly or indirectly in the operation or profit of the business (§53-125(13)) of the Liquor Control Act. I will not tend bar, make sales, serve patrons, stock shelves, write checks, sign invoices or represent myself as the owner or in any way participate in the day to day operations of this business in any capacity. I understand my fingerprint will not be required; however, I am obligated to sign and disclose any information on all applications needed to process this application.

Angela Hamilton
Signature of spouse asking for waiver
(Spouse of individual listed below)

Angela Hamilton
Printed name of spouse asking for waiver

State of Nebraska

County of Sarpy

02/15/2016
date

The foregoing instrument was acknowledged before me this

by Angela Hamilton
name of person acknowledged

Notary Public signature

Affix Seal

GENERAL NOTARY - State of Nebraska
NATHAN STRACHOTA
My Comm. Exp. Nov. 1, 2019

I acknowledge that I am the spouse of the above listed individual. I understand that my spouse and I are responsible for compliance with the conditions set out above. If it is determined that the above individual has violated (§53-125(13)) the Commission may cancel or revoke the liquor license.

Signature of individual involved with application
(Spouse of individual listed above)

Brian Hamilton
Printed name of applying individual

State of GA

County of Fayette

02-16-16
date

The foregoing instrument was acknowledged before me this

by Brian Hamilton
name of person acknowledged

Janine Teprovich
Notary Public signature

Affix Seal

JANINE TEPROVICH
MY COMMISSION EXPIRES
JULY 22 2018
FAYETTE CO., GEORGIA
NOTARY PUBLIC

In compliance with the ADA, this spousal affidavit of non participation is available in other formats for persons with disabilities. A ten day advance period is requested in writing to produce the alternate format

FORM 35-4178
Revised 1/2008

SPOUSAL AFFIDAVIT OF NON PARTICIPATION INSERT

NEBRASKA LIQUOR CONTROL COMMISSION
301 CENTENNIAL MALL SOUTH
PO BOX 95046
LINCOLN, NE 68509-5046
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RECEIVED
MAR 10 2016
NEBRASKA LIQUOR CONTROL COMMISSION

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Heidi B. Bridges
Signature of spouse asking for waiver
(Spouse of individual listed below)

HEIDI B BRIDGES
Printed name of spouse asking for waiver

State of GA

County of Fayette

03-09-2016
date

Janine Teprovich
Notary Public signature

The foregoing instrument was acknowledged before me this

by Heidi Bridges
name of person acknowledged

Affix Seal

JANINE TEPROVICH MY COMMISSION EXPIRES JULY 22 2016 FAYETTE CO., GEORGIA NOTARY PUBLIC

I acknowledge that I am the spouse of the above listed individual. I understand that my spouse and I are responsible for compliance with the conditions set out above. If it is determined that the above individual has violated (§53-125(13)) the Commission may cancel or revoke the liquor license.

Charles K. Bridges
Signature of individual involved with application
(Spouse of individual listed above)

CHARLES K. BRIDGES
Printed name of applying individual

State of GA

County of Fayette

03-09-2016
date

Janine Teprovich
Notary Public signature

The foregoing instrument was acknowledged before me this

by Charles K. Bridges
name of person acknowledged

Affix Seal

JANINE TEPROVICH MY COMMISSION EXPIRES JULY 22 2016 FAYETTE CO., GEORGIA NOTARY PUBLIC

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A ten day advance period is requested in writing to produce the alternate format

FORM 35-4178
Revised 1/2008

RECEIVED

MAR - 9 2016

NEBRASKA LIQUOR CONTROL COMMISSION

APPLICATION FOR LIQUOR LICENSE
RETAIL

NEBRASKA LIQUOR CONTROL COMMISSION
301 CENTENNIAL MALL SOUTH
PO BOX 95046
LINCOLN, NE 68509-5046
PHONE: (402) 471-2571
FAX: (402) 471-2814
Website: www.lcc.nebraska.gov/

CLASS OF LICENSE FOR WHICH APPLICATION IS MADE AND FEES
CHECK DESIRED CLASS

RETAIL LICENSE(S) Application Fee $400 (nonrefundable)

_____ A BEER, ON SALE ONLY
_____ B BEER, OFF SALE ONLY
_____ C BEER, WINE, DISTILLED SPIRTS, ON AND OFF SALE
_____ D BEER, WINE, DISTILLED SPIRITS, OFF SALE ONLY
X I BEER, WINE, DISTILLED SPIRITS, ON SALE ONLY
_____ AB BEER, ON AND OFF SALE
_____ AD BEER ON SALE ONLY, BEER, WINE, DISTILLED SPIRITS OFF SALE
_____ IB BEER, WINE, DISTILLED SPIRITS ON SALE, BEER OFF SALE ONLY

_____ Class K Catering license (requires catering application form 106) $100.00

Additional fees will be assessed at city/village or county level when license is issued

Class C license term runs from November 1 – October 31
All other licenses run from May 1 – April 30
Catering license (K) expires same as underlying retail license

CHECK TYPE OF LICENSE FOR WHICH YOU ARE APPLYING

_____ Individual License (requires insert form 1)
_____ Partnership License (requires insert form 2)
_____ Corporate License (requires insert form 3a & 3c)
X Limited Liability Company (LLC) (requires form 3b & 3c)

NAME OF ATTORNEY OR FIRM ASSISTING WITH APPLICATION (if applicable)
Commission will call this person with any questions we may have on this application

Name Larry V. Albers & Brooke A. Brown Phone number: (402) 438-4421

Firm Name ALBERS BROWN

PREMISES INFORMATION

Trade Name (doing business as) Mellow Mushroom

Street Address #1 601 R Street Suite 110

Street Address #2

City Lincoln County Lancaster Zip Code 68508

Premises Telephone number 402-261-3362

Business e-mail address kevin@mellowmushroom.com

Is this location inside the city/village corporate limits: YES x NO

Mailing address (where you want to receive mail from the Commission)

Name Kevin Bridges

Street Address #1 Home-Grown Industries of Lincoln LLC

Street Address #2 150 Great Southwest Parkway SW

City Atlanta State GA Zip Code 30336

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DESCRIPTION AND DIAGRAM OF THE STRUCTURE TO BE LICENSED READ CAREFULLY

In the space provided or on an attachment draw the area to be licensed. This should include storage areas, basement, outdoor area, sales areas and areas where consumption or sales of alcohol will take place. If only a portion of the building is to be covered by the license, you must still include dimensions (length x width) of the licensed area as well as the dimensions of the entire building. No blue prints please. Be sure to indicate the direction north and **number of floors** of the building.

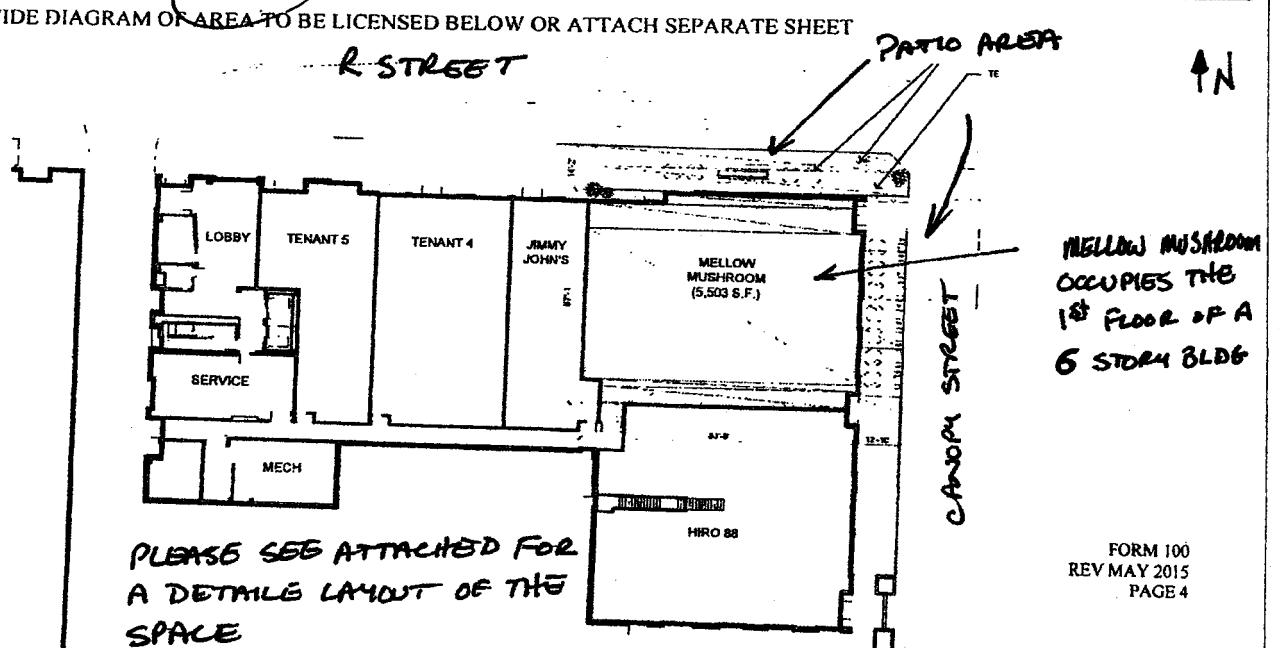
**For on premises consumption liquor licenses minimum standards must be met by providing at least two restrooms

Building: length 68' x width 84' in feet

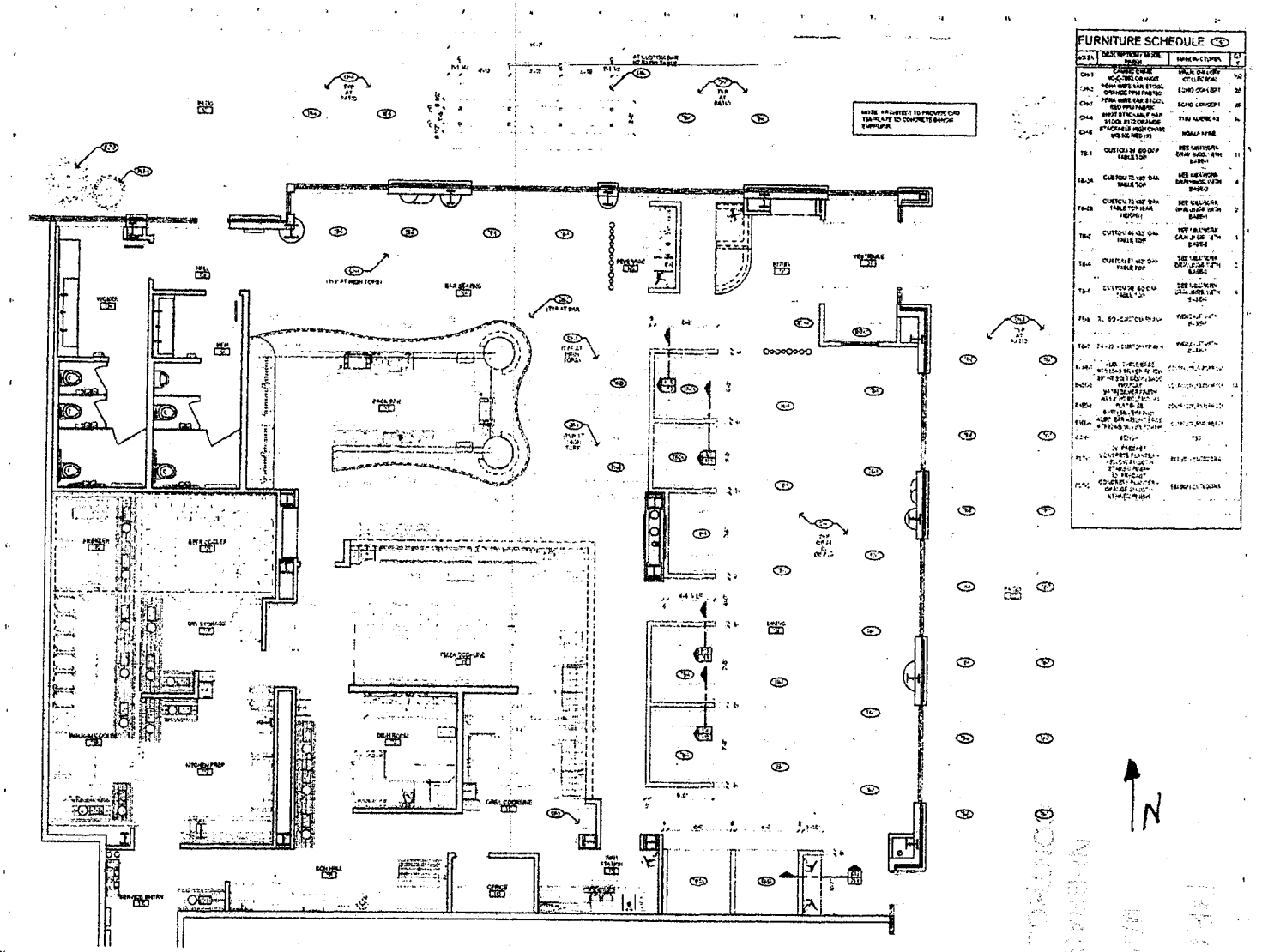
Is there a basement? Yes ____ No x If yes, length ____ x width ____ in feet

Is there an outdoor area? Yes x No ____ If yes, length 14' x width 155' in feet

PROVIDE DIAGRAM OF AREA TO BE LICENSED BELOW OR ATTACH SEPARATE SHEET



Same as previous per atty. 3/9/16



M1 FLOOR PLAN

MELLOW MUSHROOM

FURNITURE PLAN

A1.3

APPLICANT INFORMATION

1. **READ CAREFULLY. ANSWER COMPLETELY AND ACCURATELY §53-125(5)**
Has anyone who is a party to this application, or their spouse, EVER been convicted of or plead guilty to any charge. Charge means any charge alleging a felony, misdemeanor, violation of a federal or state law; a violation of a local law, ordinance or resolution. List the nature of the charge, where the charge occurred and the year and month of the conviction or plea. Also list any charges pending at the time of this application. If more than one party, please list charges by each individual's name. Include traffic violations. Commission must be notified of any arrests and/or convictions that may occur after the date of signing this application.

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CONTROL COMMISSION

X YES _____NO
If yes, please explain below or attach a separate page

Name of Applicant	Date of Conviction (mm/yyyy)	Where Convicted (city & state)	Description of Charge	Disposition
C. Kevin Bridges	11/2014	Senoi, GA	Speeding 61/45	Fine paid
C. Kevin Bridges	11/2012	Fayetteville, GA	Speeding 55/35	Fine paid
C. Kevin Bridges	07/2011	Fayetteville, GA	Speeding 60/40	Fine paid
C. Kevin Bridges	08/2010	College Park, GA	Speeding 65/55	Fine paid

2. Are you buying the business of a current retail liquor license?

X YES _____NO

If yes, give name of business and liquor license number Peace A Pie LLC, #102751
a) Submit a copy of the sales agreement
b) Include a list of alcohol being purchased, list the name brand, container size and how many
c) Submit a list of the furniture, fixtures and equipment

3. Was this premise licensed as liquor licensed business within the last two (2) years?

_____YES X NO

If yes, give name and license number_____

4. Are you filing a temporary operating permit (TOP) to operate during the application process?

X YES _____NO

If yes:
a) Attach temporary operating permit (TOP) (form 125)
b) TOP will only be accepted at a location that currently holds a valid liquor license.

5. Are you borrowing any money from any source, include family or friends, to establish and/or operate the business?

_____YES X NO

If yes, list the lender(s)_____

6. Will any person or entity, other than applicant, be entitled to a share of the profits of this business?

_____YES X NO

If yes, explain. (all involved persons must be disclosed on application)

No silent partners

RECEIVED
CONTROL COMMISSION

7. Will any of the furniture, fixtures and equipment to be used in this business be owned by others?

_____YES X NO

If yes, list such item(s) and the owner._____

8. Is premises to be licensed within 150 feet of a church, school, hospital, home for the aged or indigent persons or for veterans, their wives, and children, or within 300 feet of a college or university campus?

_____YES X NO

If yes, provide name and address of such institution and where it is located in relation to the premises (Neb. Rev. Stat. 53-177)(1)

9. Is anyone listed on this application a law enforcement officer?

_____YES X NO

If yes, list the person, the law enforcement agency involved and the person's exact duties.

10. List the primary bank and/or financial institution (branch if applicable) to be utilized by the business.
a) List the individual(s) who will be authorized to write checks and/or withdrawals on accounts at this institution.

Wells Fargo Bank, N.A. a) Richard Brasch, Jeff Wiggins and C. Kevin Bridges

11. List all past and present liquor licenses held in Nebraska or any other state by any person named in this application. Include license holder name, location of license and license number. Also list reason for termination of any license(s) previously held.

None

12. List the alcohol related training and/or experience (when and where) of the person(s) making application. Those persons required are listed as followed:

- Individual: Applicant and spouse; spouse is exempt if they filed Form 116 – Affidavit of Non-Participation.
- Partnership: All partners and spouses, spouses are exempt if they filed Form 116 – Affidavit of Non-Participation.
- Limited Liability Company: All member of LLC, Manager and all spouses; spouses are exempt if they filed Form 116 – Affidavit of Non-Participation.
- Corporation: President, Stockholders holding 25% or more of shares, Manager and all spouses; spouses are exempt if they filed Form 116 – Affidavit of Non-Participation.

NLCC certified training program completed: Needs training

Applicant Name	Date (mm/yyyy)	Name of program (attach copy of course completion certificate)
C. Kevin Bridges	n/a	n/a

For list of NLCC certified training programs see: www.lcc.ne.gov/traininginfo.html

Experience:

Applicant Name/Job Title	Date of Employment:	Name & Location of Business
C. Kevin Bridges	Sept. 2000	Manage the monthly liquor reporting of three Mellow Mushrooms located in AL, FL and TX

13. If the property for which this license is sought is owned, submit a copy of the deed, or proof of ownership. If leased, submit a copy of the lease covering the entire license year. **Documents must show title or lease held in name of applicant as owner or lessee in the individual(s) or corporate name for which the application is being filed.**

X Lease: expiration date October 1, 2022

_____ Deed

_____ Purchase Agreement

14. When do you intend to open for business? March 14, 2016

15. What will be the main nature of business? Full service restuarant

16. What are the anticipated hours of operation? 11 AM to 11 PM M-Su

17. List the principal residence(s) for the past 10 years for all persons required to sign, including spouses.

RESIDENCES FOR THE PAST 10 YEARS, APPLICANT AND SPOUSE MUST COMPLETE					
APPLICANT: CITY & STATE	YEAR FROM	TO	SPOUSE: CITY & STATE	YEAR FROM	TO
C. Kevin Bridges, Fayetteville, GA	2002	Present	Heidi B. Bridges, Fayetteville, GA	2002	Present

If necessary attach a separate sheet.

The undersigned applicant(s) hereby consent(s) to an investigation of his/her background and release present and future records of every kind and description including police records, tax records (State and Federal), and bank or lending institution records, and said applicant(s) and spouse(s) waive(s) any right or causes of action that said applicant(s) or spouse(s) may have against the Nebraska Liquor Control Commission, the Nebraska State Patrol, and any other individual disclosing or releasing said information. Any documents or records for the proposed business or for any partner or stockholder that are needed in furtherance of the application investigation of any other investigation shall be supplied immediately upon demand to the Nebraska Liquor Control Commission or the Nebraska State Patrol. The undersigned understand and acknowledge that any license issued, based on the information submitted in this application, is subject to cancellation if the information contained herein is incomplete, inaccurate or fraudulent.

Individual applicants agree to supervise in person the management and operation of the business and that they will operate the business authorized by the license for themselves and not as an agent for any other person or entity. Corporate applicants agree the approved manager will superintend in person the management and operation of the business. Partnership applicants agree one partner shall superintend the management and operation of the business. All applicants agree to operate the licensed business within all applicable laws, rules, regulations, and ordinances and to cooperate fully with any authorized agent of the Nebraska Liquor Control Commission.

Must be signed in the presence of a notary public by applicant(s) and spouse(s). See guideline for required signatures http://www.lcc.ne.gov/pdfs/New%20Application%20Guideline.pdf

Signature of Applicant	**Signature of Spouse**
C. Kevin Bridges	Heidi B. Bridges
Print Name	**Print Name**
Signature of Applicant	**Signature of Spouse**
Print Name	**Print Name**

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See Attached full name

ACKNOWLEDGEMENT

State of ~~Nebraska~~ Georgia
County of Fayette

The foregoing instrument was acknowledged before me this 3rd day of March, 2016 (date) by C. Kevin Bridges (name of person(s) acknowledged (individual(s) signing))

Janine Teproviich
Notary Public signature

JANINE TEPROVICH MY COMMISSION EXPIRES JULY 22 2016 FAYETTE CO., GEORGIA NOTARY PUBLIC

In compliance with the ADA, this application is available in other formats for persons with disabilities.
A ten day advance period is required in writing to produce the alternate format.

The undersigned applicant(s) hereby consent(s) to an investigation of his/her background and release present and future records of every kind and description including police records, tax records (State and Federal), and bank or lending institution records, and said applicant(s) and spouse(s) waive(s) any right or causes of action that said applicant(s) or spouse(s) may have against the Nebraska Liquor Control Commission, the Nebraska State Patrol, and any other individual disclosing or releasing said information. Any documents or records for the proposed business or for any partner or stockholder that are needed in furtherance of the application investigation of any other investigation shall be supplied immediately upon demand to the Nebraska Liquor Control Commission or the Nebraska State Patrol. The undersigned understand and acknowledge that any license issued, based on the information submitted in this application, is subject to cancellation if the information contained herein is incomplete, inaccurate or fraudulent.

Individual applicants agree to supervise in person the management and operation of the business and that they will operate the business authorized by the license for themselves and not as an agent for any other person or entity. Corporate applicants agree the approved manager will superintend in person the management and operation of the business. Partnership applicants agree one partner shall superintend the management and operation of the business. All applicants agree to operate the licensed business within all applicable laws, rules, regulations, and ordinances and to cooperate fully with any authorized agent of the Nebraska Liquor Control Commission.

Must be signed in the presence of a notary public by applicant(s) and spouse(s). See guideline for required signatures http://www.lcc.ne.gov/pdfs/New%20Application%20Guideline.pdf

Charles K Bridges **Signature of Applicant**	**Signature of Spouse**
Charles K. Bridges **Print Name**	Heidi B. Bridges **Print Name**
Signature of Applicant	**Signature of Spouse**
Print Name	**Print Name**

ACKNOWLEDGEMENT

State of ~~Nebraska~~ Georgia
County of Fayette

The foregoing instrument was acknowledged before me this

03-09-2016 by Charles K. Bridges
date name of person(s) acknowledged (individual(s) signing)

Janine Teprovich
Notary Public signature

JANINE TEPROVICH
MY COMMISSION EXPIRES
JULY 22 2018
FAYETTE CO., GEORGIA
NOTARY PUBLIC

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NEBRASKA LIQUOR CONTROL COMMISSION

MANAGER APPLICATION
INSERT - FORM 3c

NEBRASKA LIQUOR CONTROL COMMISSION
301 CENTENNIAL MALL SOUTH
PO BOX 95046
LINCOLN, NE 68509-5046
PHONE: (402) 471-2571
FAX: (402) 471-2814
Website: www.lcc.nebraska.gov

Office Use

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NEBRASKA LIQUOR
CONTROL COMMISSION

MUST BE:

- ✓ **Citizen of the United States. Include copy of US birth certificate, naturalization paper or current US passport**
- ✓ **Nebraska resident. Include copy of voter registration in the State of Nebraska**
- ✓ **Fingerprinted. See Form 147 for further information, this form MUST be included with your application.**
- ✓ **21 years of age or older**

Corporation/LLC information

Name of Corporation/LLC: Home-Grown Industries of Lincoln,LLC

Premise information

Liquor License Number: _____ Class Type _____ (if new application leave blank)

Premise Trade Name/DBA: Mellow Mushroom

Premise Street Address: 601 R Street Suite 110

City: Lincoln County: Lancaster Zip Code: 68508

Premise Phone Number: 402-261-3362

Email address: kevin@mellowmushroom.com

The individual whose name is listed as a corporate officer or managing member as reported on insert form 3a or 3b or listed with the Commission. Click on this link to see authorized individuals. http://www.lcc.ne.gov/license_search/licsearch.cgi

SIGNATURE REQUIRED BY CORPORATE OFFICER / MANAGING MEMBER
(Faxed signatures are acceptable)

Manager's information must be completed below PLEASE PRINT CLEARLY

Printed

Last Name: Hamilton First Name: Brian MI: J

Home Address (include PO Box if applicable): 805 Ginny Ave #13

City: Bellevue County: Sarpy Zip Code: 68005

Home Phone Number: 402-213-0031 Business Phone Number: 402-261-3362

Social Security Number: Drivers License Number & State:

Date Of Birth: Place Of Birth: Lincoln, NE

Email address: BrHamilton79@gmail.com

Are you married? If yes, complete spouse's information (Even if a spousal affidavit has been submitted)

☒ YES ☐ NO

affidavit

Spouse's information

Spouses Last Name: Hamilton First Name: Angie MI: M

Social Security Number: Drivers License Number & State:

Date Of Birth: Place Of Birth: Bellevue, NE

APPLICANT & SPOUSE MUST LIST RESIDENCE(S) FOR THE PAST TEN (10) YEARS

APPLICANT			SPOUSE		
CITY & STATE	YEAR FROM	YEAR TO	CITY & STATE	YEAR FROM	YEAR TO
Bellevue, NE	2015	Current	(same)		
Daphne, AL	2012	2015	(same)		
Bellevue, NE	2008	2012	(same)		
North Platte, NE	2005	2008	(same)		

MANAGER'S LAST TWO EMPLOYERS

YEAR FROM	TO	NAME OF EMPLOYER	NAME OF SUPERVISOR	TELEPHONE NUMBER
2016	Current	Mellow Mushroom	Will Van Staden	404-217-9369
2012	2015	Ruby Tuesday	Ralph Thompson	440-241-0133

1. **READ CAREFULLY. ANSWER COMPLETELY AND ACCURATELY.**
   Must be completed by both applicant and spouse, unless spouse has filed an affidavit of non-participation.

Has anyone who is a party to this application, or their spouse, EVER been convicted of or plead guilty to any charge. Charge means any charge alleging a felony, misdemeanor, violation of a federal or state law; a violation of a local law, ordinance or resolution. List the nature of the charge, where the charge occurred and the year and month of the conviction or plea. Also list any charges pending at the time of this application. If more than one party, please list charges by each individual's name.

☐ YES ☒ NO

If yes, please explain below or attach a separate page.

Name of Applicant	Date of Conviction (mm/yyyy)	Where Convicted (City & State)	Description of Charge	Disposition

2. Have you or your spouse ever been approved or made application for a liquor license in Nebraska or any other state?

   ■ YES ☐ NO

   IF YES, list the name of the premise(s): Keanney, NE Ruby Tuesday

3. Do you, as a manager, qualify under Nebraska Liquor Control Act (§53-131.01) and do you intend to supervise, in person, the management of the business?

   ■ YES ☐ NO

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NEBRASKA LIQUOR CONTROL COMMISSION

Needs training

4. List the alcohol related training and/or experience (when and where) of the person making application.

*NLCC Training Certificate Issued: n/a Name on Certificate: n/a

Applicant Name	Date (mm/yyyy)	Name of program (attach copy of course completion certificate)
n/a		

*For list of NLCC Certified Training Programs see www.lcc.ne.gov/traininginfo.html

Experience:

Applicant Name / Job Title	Date of Employment:	Name & Location of Business:
Brian Hamilton/GM	2012	Ruby Tuesday

5. Have you enclosed Form 147 regarding fingerprints?

☒ YES ☐ NO

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NEBRASKA LIQUOR CONTROL COMMISSION

PERSONAL OATH AND CONSENT OF INVESTIGATION

The above individual(s), being first duly sworn upon oath, deposes and states that the undersigned is the applicant and/or spouse of applicant who makes the above and foregoing application that said application has been read and that the contents thereof and all statements contained therein are true. If any false statement is made in any part of this application, the applicant(s) shall be deemed guilty of perjury and subject to penalties provided by law. (See §53-131.01) Nebraska Liquor Control Act.

The undersigned applicant hereby consents to an investigation of his/her background including all records of every kind and description including police records, tax records (State and Federal), and bank or lending institution records, and said applicant and spouse waive any rights or causes of action that said applicant or spouse may have against the Nebraska Liquor Control Commission and any other individual disclosing or releasing said information to the Nebraska Liquor Control Commission. If spouse has **NO** interest directly or indirectly, a spousal affidavit of non participation may be attached.

The undersigned understand and acknowledge that any license issued, based on the information submitted in this application, is subject to cancellation if the information contained herein is incomplete, inaccurate, or fraudulent.

Signature of Manager Applicant

Signature of Spouse

ACKNOWLEDGEMENT

State of ~~Nebraska~~ Georgia
County of Fayette

The foregoing instrument was acknowledged before me this 3rd day of March, 2016 by Brian Hamilton
date name of person acknowledged

Janine Teperovich
Notary Public signature

JANINE TEPEROVICH
MY COMMISSION EXPIRES
JUN 22 2018
FAYETTE CO., GEORGIA
NOTARY PUBLIC

In compliance with the ADA, this application is available in other formats for persons with disabilities. A ten day advance period is required in writing to produce the alternate format.

APPLICATION FOR LIQUOR LICENSE
LIMITED LIABILITY COMPANY (LLC)
INSERT - FORM 3b

NEBRASKA LIQUOR CONTROL COMMISSION
301 CENTENNIAL MALL SOUTH
PO BOX 95046
LINCOLN, NE 68509-5046
PHONE: (402) 471-2571
FAX: (402) 471-2814
Website: www.lcc.nebraska.gov

Office Use

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All members including spouse(s), are required to adhere to the following requirements:

1) **All members spouse(s) must be listed**
2) **Managing/Contact member and all members holding over 25% interest and their spouse(s) (if applicable) must submit fingerprints. See Form 147 for further information, this form MUST be included with your application.**
3) **Managing/Contact member and all members holding over 25 % shares of stock and their spouse (if applicable) must sign the signature page of the Application for License form 100 (even if a spousal affidavit has been submitted)**

Attach copy of Articles of Organization

Name of Registered Agent: Larry V. Albers

Name of Limited Liability Company that will hold license as listed on the Articles of Organization

Home-Grown Industries of Lincoln, LLC #10221992

LLC Address: 150 Great Southwest Parkway SW

City: Atlanta State: GA Zip Code: 30336

LLC Phone Number: 404-505-2806 LLC Fax Number 404-924-2269

Name of Managing/Contact Member
Name and information of contact member must be listed on following page

Last Name: Bridges First Name: Charles MI: K

Home Address: 657 McBride Road City: Fayetteville

State: GA Zip Code: 30215 Home Phone Number: 678-817-9415

Charles K Bridges
Signature of Managing/Contact Member

ACKNOWLEDGEMENT

State of ~~Nebraska~~ Georgia
County of Fayette

The foregoing instrument was acknowledged before me this

03-10-2016 **by** Charles K. Bridges
Date **name of person acknowledge**

Janine Teprovich

Affix Seal

JANINE TEPROVICH
MY COMMISSION EXPIRES
JULY 22 2018
FAYETTE CO., GEORGIA
NOTARY PUBLIC

List names of all members and their spouses even if a spousal affidavit has been submitted

Last Name: Home-Grown Industries of America, Inc. First Name: n/a MI: n/a

Social Security Number: n/a Date of Birth: n/a

Spouse Full Name (indicate N/A if single): n/a

Spouse Social Security Number: n/a Date of Birth: n/a

Percentage of member ownership 100%

X Pres.

Last Name: Bridges First Name: Charles MI: K. Prints

Social Security Number: Date of Birth:

Spouse Full Name (indicate N/A if single): Heidi Bridges Affidavit

Spouse Social Security Number: — Date of Birth: —

Percentage of member ownership 0

Last Name: First Name: MI:

Social Security Number: Date of Birth:

Spouse Full Name (indicate N/A if single):

Spouse Social Security Number: Date of Birth:

Percentage of member ownership

Last Name: First Name: MI:

Social Security Number: Date of Birth:

Spouse Full Name (indicate N/A if single):

Spouse Social Security Number: Date of Birth:

Percentage of member ownership

Is the applying Limited Liability Company controlled by another corporation/company?

☒ YES ☐ NO

If yes, complete controlling corporation insert form 185

Indicate the company's tax year with the IRS (Example January through December)

Starting Date: October Ending Date: September

Is this a Non Profit Corporation?

☐ YES ☒ NO

If yes, provide the Federal ID #._____

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NEBRASKA LIQUOR
CONTROL COMMISSION

In compliance with the ADA, this corporation insert form 3a is available in other formats for persons with disabilities.
A ten day advance period is requested in writing to produce the alternate format.

CONTROLLING CORPORATION INSERT

NEBRASKA LIQUOR CONTROL COMMISSION
301 CENTENNIAL MALL SOUTH
PO BOX 95046
LINCOLN, NE 68509-5046
PHONE: (402) 471-2571
FAX: (402) 471-2814
Website: www.lcc.nebraska.gov

Office Use

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NEBRASKA LIQUOR CONTROL COMMISSION

Attach copy of Articles as filed with the Nebraska Secretary of State - §53-126

Name and address of the controlling corporation of the applying corporation

Controlling Corporation Name: Home-Grown Industries of America, Inc. # 10222479

Controlling Corporation Address: 150 Great Southwest Parkway SW

City: Atlanta State: GA Zip Code: 30336

Provide the names of the top four officer/members of the controlling corporation

1. Full Name: Richard A. Brasch
   Job Title: President/CEO
2. Full Name: Jeffrey L. Wiggins
   Job Title: Treasurer/CFO
3. Full Name: C. Kevin Bridges
   Job Title: Secretary/Sr VP of Finance
4. Full Name: Marc E. Weinstein
   Job Title: Founder/Chairman

printed - Charles Bridges
~~spouse~~ ?
affidavit Heidi Bridges

Brian Hamilton - printed
Angie Hamilton - affidavited

1. X Fingerprints are required for each person as defined in new application guide, found on our website under "Licensing Tab" in "Guidelines/Brochures". See Form 147 for further information, this form **MUST** be included with your application. affidavit resigned - ~~Heidi~~ Charles

2. X OK Enclose application fee of $400 (nonrefundable), check made payable to the Nebraska Liquor Control Commission or you may pay online at www.ne.gov/go/NLCCpayport.

3. X Enclose the appropriate application forms;
   - Individual License (requires insert form 1)
   - Partnership License (requires insert form 2)
   - Corporate License (requires insert form 3a & 3c)
   - Limited Liability Company (LLC) (requires form 3b & 3c)

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NEBRASKA LIQUOR CONTROL COMMISSION

4. X If building is being leased send a copy of signed lease. Be sure the lease reads in the name of the individual(s), corporation or Limited Liability Company (LLC) making application. Lease term must run through the license year being applied for.

5. n/a If building is owned or being purchased send a copy of the deed or purchase agreement in the name of the applicant.

6. X If buying the business of a current liquor license holder:
   a. Provide a copy of the purchase agreement from the seller (must read applicants name)
   b. Provide a copy of alcohol inventory being purchased (must include brand names and container size)
   c. Enclose a list of the assets being purchased (furniture, fixtures and equipment)

7. X If requesting to operate on current liquor license; enclose Temporary Operating Permit (TOP) (form 125).

8. n/a Enclose a list of any inventory or property owned by other parties that are on the premises.

9. X OK For citizenship enclose U.S. birth certificate; U.S. passport or naturalization paper
   a. For residency enclose proof of registered voter in Nebraska
   b. See guideline for further assistance http://www.lcc.nebraska.gov/brochures.html

10. X Corporation or Limited Liability Company (LLC) must enclose a copy of articles of incorporation; as filed with the Secretary of State's Office. This document must show barcode. ~~articles cont. corp.~~

11. X OK Submit a copy of your business plan.

I acknowledge that this application is not a guarantee that a liquor license will be issued to me, and that the average processing period is 60 days. Furthermore, I understand that all the information is truthful and I accept all responsibility for any false documents.

Signature

3/3/16
Date

Exhibit B
~~FOR resign/Charles~~

- training
- ~~Articles for cont. corp~~
- ~~Charles resign pg 8/form~~ 100
- ~~verify dsc.~~
- ~~original lease~~

Print Form

SPOUSAL AFFIDAVIT OF NON PARTICIPATION INSERT

NEBRASKA LIQUOR CONTROL COMMISSION
301 CENTENNIAL MALL SOUTH
PO BOX 95046
LINCOLN, NE 68509-5046
PHONE: (402) 471-2571
FAX: (402) 471-2814
Website: www.lcc.ne.gov

Office Use

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NEBRASKA LIQUOR CONTROL COMMISSION

I acknowledge that I am the spouse of a liquor license holder. My signature below confirms ~~that I will~~ have not have any interest, directly or indirectly in the operation or profit of the business (§53-125(13)) of the Liquor Control Act. I will not tend bar, make sales, serve patrons, stock shelves, write checks, sign invoices or represent myself as the owner or in any way participate in the day to day operations of this business in any capacity. I understand my fingerprint will not be required; however, I am obligated to sign and disclose any information on all applications needed to process this application.

Heidi B. Bridges
Signature of spouse asking for waiver
(Spouse of individual listed below)

HEIDI B. BRIDGES
Printed name of spouse asking for waiver

State of GA

County of Fayette

02-24-16
date

Janine Toporich
Notary Public signature

The foregoing instrument was acknowledged before me this

by Heidi B Bridges
name of person acknowledged

Affix Seal

JANINE TOPORICH MY COMMISSION EXPIRES JULY 22, 2016 FAYETTE CO., GEORGIA NOTARY PUBLIC

I acknowledge that I am the spouse of the above listed individual. I understand that my spouse and I are responsible for compliance with the conditions set out above. If it is determined that the above individual has violated (§53-125(13)) the Commission may cancel or revoke the liquor license.

C. Kevin Bridges
Signature of individual involved with application
(Spouse of individual listed above)

C. KEVIN BRIDGES
Printed name of applying individual

State of GA

County of Fayette

02-24-16
date

by C. Kevin Bridges
name of person acknowledged

Janine Toporich
Notary Public signature

The foregoing instrument was acknowledged before me this

Affix Seal

JANINE TOPORICH MY COMMISSION EXPIRES JULY 22, 2016 FAYETTE CO., GEORGIA NOTARY PUBLIC

In compliance with the ADA, this spousal affidavit of non participation is available in other formats for persons with disabilities.
A ten day advance period is requested in writing to produce the alternate format.

FORM 35-4178
Revised 1/2008

APPLICATION FOR LIQUOR LICENSE
LIMITED LIABILITY COMPANY (LLC)
INSERT - FORM 3b

NEBRASKA LIQUOR CONTROL COMMISSION
301 CENTENNIAL MALL SOUTH
PO BOX 95046
LINCOLN, NE 68509-5046
PHONE: (402) 471-2571
FAX: (402) 471-2814
Website: www.lcc.nebraska.gov

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NEBRASKA LIQUOR CONTROL COMMISSION

All members including spouse(s), are required to adhere to the following requirements:

1) **All members spouse(s) must be listed**
2) **Managing/Contact member and all members holding over 25% interest and their spouse(s) (if applicable) must submit fingerprints. See Form 147 for further information, this form MUST be included with your application.**
3) **Managing/Contact member and all members holding over 25 % shares of stock and their spouse (if applicable) must sign the signature page of the Application for License form 100 (even if a spousal affidavit has been submitted)**

Attach copy of Articles of Organization

Name of Registered Agent: Larry V. Albers

Name of Limited Liability Company that will hold license as listed on the Articles of Organization

Home-Grown Industries of Lincoln, LLC #10221992

LLC Address: 150 Great Southwest Parkway SW

City: Atlanta State: GA Zip Code: 30336

LLC Phone Number: 404-505-2806 LLC Fax Number 404-924-2269

Name of Managing/Contact Member
Name and information of contact member must be listed on following page

Last Name: Bridges First Name: Charles MI: K

Home Address: 657 McBride Road City: Fayetteville

State: GA Zip Code: 30215 Home Phone Number: 678-817-9415

Signature of Managing/Contact Member

ACKNOWLEDGEMENT

State of ~~Nebraska~~ Georgia
County of Fayette

The foregoing instrument was acknowledged before me this

3rd day of March, 2016 by C. Kevin Bridges
Date **name of person acknowledge**

Janine Teprovich

JANINE TEPROVICH
MY COMMISSION EXPIRES
JULY 22 2019
FAYETTE CO., GEORGIA
NOTARY PUBLIC

APPLICATION FOR TEMPORARY OPERATING PERMIT (TOP)

NEBRASKA LIQUOR CONTROL COMMISSION
301 CENTENNIAL MALL SOUTH
PO BOX 95046
LINCOLN, NE 68509-5046
PHONE: (402) 471-2571
FAX: (402) 471-2814

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MAR 1 0 2016
NEBRASKA LIQUOR CONTROL COMMISSION

- ☐ **Application for a temporary operation permit (TOP) must be included with the application for liquor license. TOP will not be considered without the completed application for a liquor license.**
- ☐ **Enclose documentation showing sale of business; document may be in the form of a purchase agreement/contract, management agreement or promissory note. Sale of business document must include the following: name of business being sold, purchase date or closing date within 2-3 weeks of requesting TOP and must be signed by the seller and buyer.**
- ☐ **TOP's are valid for 90 days from date of issuance and cannot be extended past the expiration date (no exceptions).**
- ☐ **Seller's liquor license will terminate upon issuance of the TOP.**
- ☐ **If the seller's liquor license is up for renewal during the TOP it will not be necessary for the seller to renew.**

NAME OF CURRENT LICENSEE (SELLER): Peace A Pie LLC

SELLER'S LICENSE #: 102751

On (date) March 9, 2016 seller and buyer entered into a contract for sale of the business known as (TRADE NAME):

Mellow Mushroom

Buyer seeks to obtain a temporary operating permit (TOP) to allow buyer to operate the business under the same terms and conditions of the current licensee; subject to approval by the Nebraska Liquor Control Commission (NLCC) for a period not to exceed 90 days (no exceptions).

Seller hereby declares that they are current on all accounts with all Nebraska licensed wholesalers under section §53-123.02. Any seller who provides false information regarding such accounts is guilty of a Class IV misdemeanor for each offense.

1600004548

Debra Ann Nelson
Signature of **SELLER**

Debra Ann Nelson
Print Name

State of Nebraska, County of Douglas
The foregoing instrument was acknowledged before me
this 4th day of March, 2016 (date)
by Debra Ann Nelson
Name(s) of Person(s) Acknowledged (individual(s) signing document)

Notary Public signature

GENERAL NOTARY - State of Nebraska
JENNIFER L MORRISON
My Comm. Exp. February 5, 2018

Signature of **BUYER**

C KEVIN BRIDGES
Print Name

State of ~~Nebraska~~ Georgia, County of Fayette
The foregoing instrument was acknowledged before me
this 3rd day of March, 2016 (date)
by C. Kevin Bridges
Name(s) of Person(s) Acknowledged (individual(s) signing document)

Janine Teprovich
Notary Public signature

JANINE TEPROVICH
MY COMMISSION EXPIRES
JULY 22 2019
FAYETTE CO., GEORGIA
NOTARY PUBLIC

Resigning

See Attached

ADMINISTRATIVE REVIEW – Office use only

Date: 3/9/16 Rep: MP Application Number: 116920

☑ Approved MM ☐ Denied

Reason for Denial:

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MAR - 9 2016
NEBRASKA LIQUOR
CONTROL COMMISSION

Signature of **SELLER**

Debra Ann Nelson
Print Name

State of Nebraska, County of Douglas
The foregoing instrument was acknowledged before me
this 10th day March 2016 (date)
by Debra Ann Nelson
Name(s) of Person(s) Acknowledged [individual(s) signing document]

Notary Public signature

GENERAL NOTARY - State of Nebraska
JENNIFER E. MORRISON
My Comm. Exp. February 5, 2018

Signature of **BUYER**

Charles K. Bridges, for Home-Grown Industries of Lincoln, LLC
Print Name

State of ~~Nebraska~~ Georgia, County of Fayette
The foregoing instrument was acknowledged before me
this 03-09-2016 (date)
by Charles K. Bridges
Name(s) of Person(s) Acknowledged [individual(s) signing document]

Janine Teprovich
Notary Public signature

JANINE TEPROVICH
COMMISSION EXPIRES
JULY 22 2018
FAYETTE CO. GEORGIA
NOTARY PUBLIC

ADMINISTRATIVE REVIEW – Office use only

Date: _____ Rep: _____ Application Number: _____

☐ Approved _____ ☐ Denied _____

Reason for Denial:

APPLICATION FOR ENTERTAINMENT DISTRICT LICENSE

NEBRASKA LIQUOR CONTROL COMMISSION
301 CENTENNIAL MALL SOUTH, 5TH FLOOR
PO BOX 95046
LINCOLN, NE 68509-5046
PHONE: (402) 471-2571
FAX: (402) 471-2814 OR (402) 471-2374
Website: www.lcc.ne.gov

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Application:

- Must include local governing body's designated area to be used as a common area for consumption
- Must include simple sketch showing existing licensed area and area to be used as commons area include feet (not square feet), direction north. No blue prints.
- Must include picture of logo used on containers serving alcohol (containers must prominently displays the licensee's trade name or logo or some other mark that is unique to the licensee)

CLASS OF LICENSE AND NUMBER (if any) Applied for Class I **116927**

NAME OF LICENSEE Home-Grown Industries of Lincoln, LLC

TRADE NAME Mellow Mushroom

PREMISE ADDRESS 601 R Street Suite 110

CITY/STATE/ZIP CODE Lincoln, NE 68508

A copy of this application will be forwarded to the local governing body for their recommendation as per Neb Rev Stat §53-132. Upon receipt of recommendation issuance shall be held for a 10 day protest period, if no protests received license will be issued and mail to the clerk's office for pick up and payment of fees.

A license fee of $300 plus any occupation tax shall be paid to the local governing body at time of issuance in addition to underlying liquor license costs.

Signature of licensee

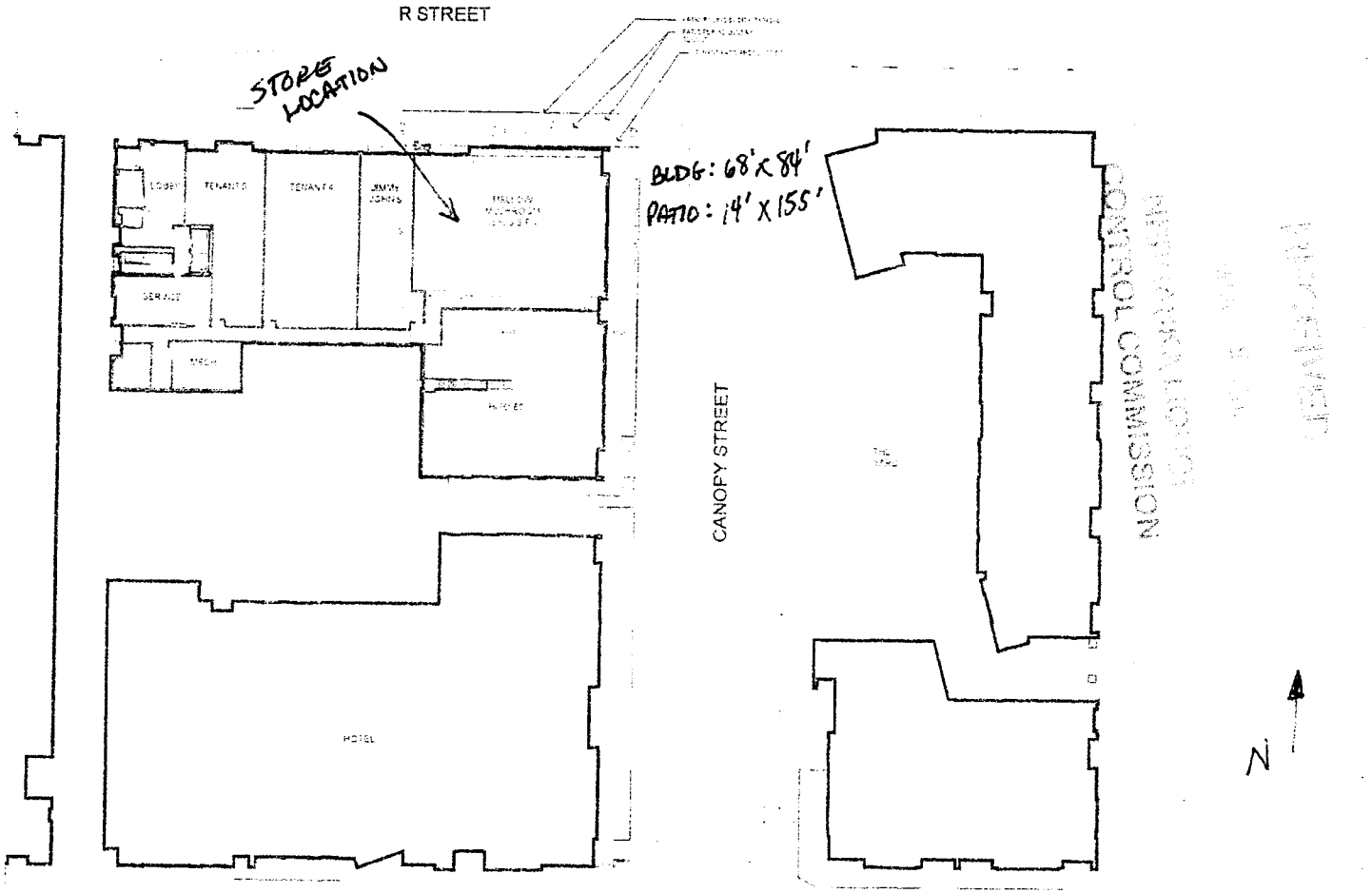
1600004540

FORM 136
REV JUNE 2015

ENTERTAINMENT DISTRICT WILL INCLUDE ONE COMMONS AREA LOCATED ADJACENT TO THE CANOPY LOFTS AND HOBSON / HYATT PLACE HOTEL COMMONLY KNOWN AS THE COURTYARD, ON THE WEST SIDE OF CANOPY STREET.

GENERAL NOTES

MELLOW MUSHROOM



M1 SITE PLAN

A0.1

LOGO USED ON CONTAINERS

RECEIVED
MAR - 9 2005
NEBRASKA LIQUOR
CONTROL COMMISSION

LOGO USED ON CONTAINERS

mellow

MUSHROOM

PIZZA BAKERS

RECEIVED
MAY 1 9 2011
NEBRASKA LIQUOR
CONTROL COMMISSION